

LEGAL NOTICE
Notice of Proposed Rulemaking
Public Hearing

Pursuant to Chapter 91, Hawaii Revised Statutes (HRS), notice is hereby given that the Department of Labor and Industrial Relations (DLIR) will hold a public hearing to amend Title 12, Chapter 15, Hawaii Administrative Rules (HAR), relating to the Workers' Compensation Medical Fee Schedule, and billing codes in Exhibit A, Workers' Compensation Supplemental Medical Fee Schedule. The hearing will be held on the following date, time, and location:

HONOLULU, OAHU	November 20, 2014, 8:30 a.m. Keelikolani Building 830 Punchbowl Street Rooms 310, 313, and 314 Honolulu, Hawaii 96813
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The proposed changes to the Workers' Compensation Medical Fee Schedule in Title 12, Chapter 15, HAR, and Exhibit A are to comply with Act 97 (SLH 2013) which required the State Auditor to assist the Director of Labor and Industrial Relations in the administrative adjustment of the workers' compensation medical fee schedule.

The proposed changes to the Workers' Compensation Medical Fee Schedule rules in Title 12, Chapter 15, HAR, include the following:

1. Section 12-15-90, HAR, Workers' Compensation Medical Fee Schedule, is amended by specifying that the Workers' Compensation Supplemental Medical Fee Schedule, known as Exhibit A, will be dated January 1, 2015.
2. Codes in Exhibit A at the end of Title 12, Chapter 15, Workers' Compensation Supplemental Medical Fee Schedule are amended.

A copy of the proposed rule changes will be made available for public viewing from the first working day that the legal notice appears in the Honolulu Star-Advertiser, Hawaii Tribune-Herald, West Hawaii Today, The Maui News, and The Garden Island, through the day the public hearing is held, from Monday - Friday between the hours of 8:00 a.m. - 4:00 p.m., at the following locations of the Department of Labor and Industrial Relations, Disability Compensation Division:

830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813
2264 Aupuni Street, Wailuku, Hawaii 96793
75 Aupuni Street, Room 108, Hilo, Hawaii 96720
81-990 Halekii Street, Room 2087, Kealahou, Hawaii 96750
3060 Ewa Street, Room 202, Lihue, Hawaii 96766.

A copy of the proposed rules may be viewed at <http://hawaii.gov/labor>. Copies can also be mailed to any interested party, upon written request to the Department of Labor and Industrial

Relations, Disability Compensation Division, 830 Punchbowl Street, Room 209, Honolulu, HI 96813. Please enclose a self-addressed stamped envelope with \$.70 postage on it.

Interested persons may present written or oral testimony at the time of the public hearing. All persons wishing to submit written testimony are requested to submit 5 copies of their written testimony before the public hearing to the Department of Labor and Industrial Relations, Disability Compensation Division, 830 Punchbowl Street, Room 209, Honolulu, HI 96813, or 5 copies may be submitted to the presiding officer at the public hearing. The public hearing will be continued, if necessary, to a time, date, and place announced at the scheduled hearing.

Interested persons unable to attend the public hearing shall submit five copies of their written testimony concerning the proposals to the Department of Labor and Industrial Relations, Disability Compensation Division, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813. All submissions for the record must be received at or prior to the scheduled public hearing.

Auxiliary aids and services are available upon request by calling the Disability Compensation Division at (808) 586-9151 or by e-mail to “dlir.workcomp@hawaii.gov”. A request for reasonable accommodations should be made no later than ten working days prior to the needed accommodations.

Dated: October 10, 2014

DWIGHT Y. TAKAMINE
Director
Department of Labor and Industrial Relations

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

Proposed Amendments to Chapter 12-15
Hawaii Administrative Rules
Workers' Compensation Medical Fee Schedule

October 7, 2014

1. Section 12-15-90, Hawaii Administrative Rules, is amended to read as follows:

"§12-15-90 Workers' compensation medical fee schedule.

(a) Charges for medical services shall not exceed one hundred ten per cent of participating fees prescribed in the Medicare Resource Based Relative Value Scale System fee schedule (Medicare Fee Schedule) applicable to Hawaii or listed in exhibit A, located at the end of this chapter and made a part of this chapter, entitled "Workers' Compensation Supplemental Medical Fee Schedule", dated [~~January 1, 2014~~] January 1, 2015. The Medicare Fee Schedule in effect on January 1, 1995 shall be applicable through June 30, 1996. Beginning July 1, 1996 and each calendar year thereafter, the Medicare Fee Schedule in effect as of January 1 of that year shall be the effective fee schedule for that calendar year.

(b) If maximum allowable fees for medical services are listed in both the Medicare Fee Schedule and the Workers' Compensation Supplemental Medical Fee Schedule, dated [~~January 1, 2014~~] January 1, 2015, located at the end of this chapter as exhibit A, charges shall not exceed the maximum allowable fees allowed under the Workers' Compensation Supplemental Medical Fee Schedule, dated [~~January 1, 2014~~] January 1, 2015, located at the end of this chapter as exhibit A.

(c) If the charges are not listed in the Medicare Fee Schedule or in the Workers' Compensation Supplemental Medical Fee Schedule, dated [~~January 1, 2014~~] January 1, 2015, located at the end of this chapter as exhibit A, the provider of service shall charge a fee not to exceed the lowest fee received by the provider of service for the same service rendered to private patients. Upon request by the director or the employer, a provider of service shall submit a statement to the requesting party, itemizing the lowest fee received for the same health care, services, and supplies furnished to any private patient during the one-year period preceding the date of a particular charge. Requests shall be submitted in writing within twenty calendar days of receipt of a questionable charge. The provider

of service shall reply in writing within thirty-one calendar days of receipt of the request. Failure to comply with the request of the employer or the director shall be reason for the employer or the director to deny payment.

(d) Fees listed in the Medicare Fee Schedule shall be subject to the current Medicare Fee Schedule bundling and global rules if not specifically addressed in these rules. The Health Care Financing Administration Common Procedure Coding System (HCPCS) alphabet codes adopted by Medicare will not be allowed, except for injections and durable medical equipment, unless specifically adopted by the director. The director may defer to a fee listed in the Medicare HCPCS Fee Schedule when a fee is not listed in the Workers' Compensation Supplemental Medical Fee Schedule, Exhibit A.

(e) Providers of service will be allowed to add the applicable Hawaii general excise tax to their billing." [Eff 1/1/96; am 1/1/97; am 11/22/97; am 12/17/01; am 12/13/04; am 11/6/06; am 12/14/07; am 2/28/11; am 12/30/13; am]
(Auth: HRS §§386-21, 386-26, 386-72) (Imp: HRS §§386-21, 386-26)

EXHIBIT A

Chapters 12-15 Hawaii Administrative Rules

WORKERS' COMPENSATION SUPPLEMENTAL MEDICAL FEE SCHEDULE

January 1, 2015

The codes in the Workers' Compensation Supplemental Medical Fee Schedule are obtained from the American Medical Association, the American Dental Association or the State Department of Labor and Industrial Relations.

The five character codes included in the Workers' Compensation Supplemental Medical Fee Schedule are obtained from 2014 Current Procedural Terminology (CPT®), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.

The responsibility for the content of the Workers' Compensation Supplemental Medical Fee Schedule is with DLIR and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in the Workers' Compensation Supplemental Medical Fee Schedule. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of the Workers' Compensation Supplemental Medical Fee Schedule should refer to the most current CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association

The five character codes starting with the letter "D" included in the Workers' Compensation Supplemental Medical Fee Schedule are obtained from Current Dental Terminology 2014, copyright 2013 by the American Dental Association (ADA). CDT is developed by the ADA to achieve uniformity, consistency and accurate reporting of dental treatment.

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
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SURGERY

Integumentary System

Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
10160	\$162.56	12014	\$231.91	13153	\$233.78
11000	\$69.69	12015	\$281.03	14040	\$934.36
11010	\$587.41	12016	\$341.60	15002	\$421.61
11011	\$650.91	12031	\$290.27	15004	\$495.05
11012	\$896.50	12032	\$381.70	15100	\$1,050.65
11043	\$297.60	12034	\$375.27	15101	\$242.44
11044	\$445.25	12041	\$306.70	15120	\$1,076.48
11055	\$60.99	12042	\$358.50	15121	\$324.83
11057	\$88.31	12051	\$320.55	15240	\$1,120.70
11101	\$41.74	12052	\$377.96	15850	\$77.89
11401	\$177.72	12053	\$417.57	16000	\$84.88
11750	\$271.71	12054	\$452.28	16020	\$108.74
12001	\$168.62	13101	\$484.42	16025	\$185.95
12002	\$185.01	13121	\$555.56	16030	\$228.67
12004	\$213.26	13132	\$722.77	17003	\$13.41
12011	\$184.84	13133	\$219.91	17004	\$240.08
12013	\$204.70	13152	\$692.79		

Musculoskeletal System

20526	\$94.69	22552	\$615.21	23485	\$1,303.56
20550	\$73.78	22554	\$1,930.72	23500	\$282.90
20551	\$79.71	22558	\$2,137.62	23515	\$844.10
20552	\$75.75	22585	\$513.18	23600	\$404.80
20553	\$81.12	22600	\$1,701.86	23615	\$1,108.76
20600	\$69.10	22610	\$1,679.31	23616	\$1,915.71
20605	\$74.09	22612	\$2,199.64	23620	\$323.08
20610	\$94.87	22614	\$575.88	23650	\$382.88
20612	\$77.34	22630	\$2,133.74	23700	\$265.34
20650	\$248.11	22632	\$440.17	24105	\$475.67
20660	\$307.13	22840	\$1,064.52	24220	\$231.18
20670	\$590.43	22842	\$1,010.42	24340	\$800.87
20694	\$539.24	22845	\$1,190.92	24341	\$902.59
20900	\$600.05	22846	\$1,003.16	24342	\$1,102.14
20902	\$603.76	22851	\$603.31	24357	\$657.94
20924	\$634.65	22852	\$941.65	24358	\$780.10
20926	\$544.34	23120	\$755.85	24359	\$953.67
20930	\$150.17	23130	\$838.36	24515	\$1,184.46
20931	\$187.85	23350	\$199.62	24620	\$681.10
20937	\$249.81	23405	\$848.51	24650	\$332.70
20938	\$271.52	23410	\$1,203.01	24685	\$920.86
20974	\$100.18	23412	\$1,240.14	25000	\$495.89
21320	\$330.16	23415	\$955.25	25020	\$767.99
21365	\$1,502.04	23420	\$1,435.50	25023	\$1,391.77
21390	\$1,242.74	23430	\$1,017.84	25111	\$451.22
21408	\$1,159.15	23440	\$1,014.31	25116	\$908.12
22310	\$361.82	23455	\$1,464.80	25118	\$534.37
22505	\$166.85	23466	\$1,568.65	25210	\$658.00
22551	\$2,769.57	23472	\$2,005.45	25246	\$235.18

Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
25259	\$518.13	26725	\$425.12	27822	\$1,183.00
25260	\$957.60	26727	\$612.46	27823	\$1,328.94
25270	\$783.85	26735	\$716.04	27828	\$1,704.11
25295	\$800.61	26750	\$229.60	27829	\$814.09
25310	\$956.99	26770	\$335.92	27840	\$444.94
25320	\$1,215.26	26841	\$954.04	27880	\$1,194.34
25390	\$1,133.27	26860	\$739.34	28122	\$805.44
25440	\$1,043.02	26910	\$935.45	28300	\$932.53
25447	\$1,082.86	26951	\$791.90	28415	\$1,492.05
25505	\$617.60	27093	\$274.85	28430	\$298.34
25525	\$1,148.87	27096	\$331.09	28445	\$1,341.48
25545	\$876.35	27134	\$2,749.96	28450	\$278.24
25575	\$1,216.18	27216	\$1,264.68	28470	\$282.86
25605	\$742.10	27217	\$1,355.23	28485	\$670.54
25606	\$956.41	27227	\$2,185.57	28510	\$150.94
25607	\$1,007.73	27236	\$1,615.30	28615	\$941.50
25608	\$1,167.39	27245	\$1,832.29	28725	\$1,089.54
25609	\$1,463.29	27303	\$860.02	29065	\$119.55
25622	\$374.92	27370	\$232.98	29075	\$109.09
25628	\$923.84	27380	\$790.51	29085	\$116.73
25630	\$381.52	27385	\$868.65	29105	\$107.86
25670	\$817.97	27405	\$932.69	29125	\$82.59
25676	\$812.27	27446	\$1,590.13	29126	\$95.56
25680	\$585.90	27447	\$2,257.85	29131	\$66.43
26011	\$482.63	27486	\$1,944.29	29200	\$65.61
26020	\$582.19	27487	\$2,461.69	29240	\$72.16
26055	\$729.37	27506	\$1,800.15	29260	\$61.44
26075	\$441.97	27520	\$403.49	29280	\$61.28
26080	\$504.01	27524	\$1,024.88	29345	\$166.58
26145	\$703.35	27530	\$475.59	29355	\$177.41
26160	\$712.64	27535	\$1,231.65	29405	\$112.61
26320	\$467.76	27536	\$1,513.44	29425	\$120.15
26340	\$452.06	27560	\$435.10	29505	\$102.13
26350	\$975.62	27570	\$208.03	29515	\$90.80
26356	\$1,373.36	27602	\$714.71	29520	\$63.64
26410	\$814.29	27603	\$684.39	29530	\$64.69
26418	\$758.44	27640	\$1,241.10	29540	\$49.60
26432	\$656.05	27650	\$980.51	29550	\$45.77
26433	\$694.18	27652	\$1,005.41	29580	\$66.41
26440	\$820.97	27659	\$697.82	29700	\$79.52
26442	\$1,191.92	27675	\$664.04	29705	\$81.23
26445	\$780.35	27680	\$593.05	29805	\$600.37
26455	\$514.81	27690	\$851.81	29806	\$1,422.12
26483	\$1,148.61	27695	\$698.34	29807	\$1,400.18
26516	\$909.46	27698	\$927.49	29820	\$784.03
26520	\$873.08	27750	\$448.84	29822	\$832.35
26525	\$872.88	27752	\$704.77	29823	\$909.81
26540	\$895.70	27758	\$1,186.06	29824	\$878.98
26591	\$597.53	27759	\$1,411.10	29825	\$822.53
26605	\$409.36	27760	\$420.62	29826	\$602.27
26608	\$636.09	27766	\$864.72	29827	\$1,525.62
26615	\$687.63	27786	\$387.77	29828	\$1,263.88
26665	\$805.80	27792	\$874.62	29834	\$671.70
26720	\$270.11	27814	\$1,110.42	29836	\$820.90

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
29838	\$807.62	29875	\$728.09	29888	\$1,453.82
29844	\$679.85	29876	\$915.66	29892	\$814.94
29845	\$792.36	29877	\$876.32	29895	\$728.76
29846	\$735.50	29879	\$940.34	29897	\$765.84
29848	\$662.59	29880	\$974.15	29898	\$824.18
29873	\$690.67	29881	\$908.07	29906	\$1,038.54
29874	\$778.48	29882	\$989.65	29915	\$1,652.57

Respiratory System

30520	\$825.80	31571	\$372.74	32551	\$260.46
30901	\$127.66	31575	\$159.20		
31500	\$166.00	31624	\$410.76		

Cardiovascular System

36245	\$1,787.43	36430	\$55.29	36600	\$40.59
36246	\$1,732.02	36556	\$390.53	36620	\$78.49
36247	\$2,752.28	36569	\$443.16		
36415	\$6.32	36592	\$44.62		

Digestive System

43235	\$412.36	49520	\$809.64	49587	\$663.04
43246	\$405.35	49525	\$733.45	49650	\$574.08
45380	\$612.92	49560	\$953.28	49651	\$713.47
49505	\$675.89	49568	\$328.49	49652	\$943.17
49507	\$793.15	49585	\$577.82		

Urinary System

51600	\$299.63	51728	\$431.20	51798	\$30.43
51700	\$123.62	51741	\$125.63	52000	\$282.95
51702	\$120.97	51784	\$282.33	52648	\$2,779.67
51726	\$437.36	51797	\$302.11		

Male Genital System

55520	\$551.42
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Maternity Care and Delivery

59025	\$77.35
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Nervous System

61154	\$1,735.54	62362	\$492.68	63048	\$319.28
61312	\$2,615.59	62367	\$54.54	63056	\$2,071.92
62005	\$1,520.52	62368	\$81.73	63075	\$2,000.14
62270	\$200.16	63012	\$1,584.65	63076	\$383.53
62284	\$290.02	63015	\$1,964.41	63081	\$2,444.73
62290	\$436.38	63030	\$1,367.00	63655	\$1,114.23
62310	\$333.75	63035	\$288.90	63685	\$610.71
62311	\$282.01	63042	\$1,706.98	63688	\$524.51
62319	\$295.40	63047	\$1,600.99	64405	\$146.65

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
64413	\$165.25	64484	\$214.98	64708	\$673.23
64415	\$174.66	64490	\$240.03	64718	\$793.85
64417	\$179.38	64491	\$117.69	64719	\$558.11
64418	\$176.33	64492	\$117.16	64721	\$586.59
64425	\$174.31	64493	\$226.35	64774	\$490.66
64445	\$178.55	64494	\$112.07	64776	\$500.43
64448	\$161.53	64495	\$113.19	64782	\$583.56
64450	\$133.34	64510	\$181.21	64787	\$353.17
64455	\$72.95	64520	\$251.78	64831	\$853.71
64479	\$434.70	64550	\$24.02	64832	\$431.40
64480	\$216.93	64702	\$591.41	64856	\$1,232.25
64483	\$424.54	64704	\$475.87		

Eye and Ocular Adnexa

65205	\$70.61	65435	\$104.05	67210	\$901.17
65220	\$73.37	66850	\$1,058.70	67228	\$1,303.07
65222	\$94.36	66984	\$1,062.50	67820	\$80.98
65285	\$1,367.87	67105	\$931.62	67840	\$368.76
65430	\$149.29	67145	\$671.18	68761	\$193.22

Auditory System

69210	\$62.42
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Operating Microscope

69990	\$302.69
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RADIOLOGY

Fees include both the technical and professional components. In the absence of any prior agreement, the professional component shall be thirty-five percent of the scheduled fee.

Diagnostic Radiology (Diagnostic Imaging)

70030	\$45.35	70490	\$429.60	71110	\$61.76
70100	\$54.29	70491	\$509.77	71111	\$89.09
70110	\$65.91	70496	\$871.17	71120	\$54.64
70140	\$51.74	70498	\$895.83	71130	\$61.03
70150	\$69.36	70540	\$810.20	71250	\$471.65
70160	\$55.25	70543	\$1,416.27	71260	\$575.99
70200	\$71.17	70544	\$847.16	71270	\$717.80
70210	\$51.25	70547	\$873.47	71275	\$805.93
70220	\$66.26	70549	\$1,427.41	71550	\$820.46
70250	\$59.68	70551	\$720.58	71552	\$1,453.72
70260	\$79.96	70553	\$1,373.20	72010	\$101.53
70330	\$80.93	71010	\$40.93	72020	\$38.51
70336	\$835.77	71020	\$52.91	72040	\$62.22
70355	\$38.92	71021	\$64.82	72050	\$87.98
70450	\$368.03	71030	\$74.73	72052	\$111.28
70470	\$568.32	71035	\$55.22	72069	\$57.39
70480	\$471.87	71100	\$52.70	72070	\$56.34
70486	\$425.64	71101	\$64.05	72072	\$56.40

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
72074	\$66.98	73020	\$39.83	73620	\$46.51
72080	\$58.84	73030	\$49.48	73630	\$52.68
72100	\$65.19	73040	\$186.93	73650	\$46.56
72110	\$89.79	73050	\$64.27	73660	\$46.47
72114	\$118.77	73060	\$48.41	73700	\$444.93
72120	\$84.77	73070	\$48.25	73701	\$510.64
72125	\$473.69	73080	\$54.24	73718	\$795.04
72126	\$578.63	73085	\$167.89	73720	\$1,314.43
72128	\$472.63	73090	\$47.74	73721	\$799.09
72129	\$578.93	73100	\$49.54	73722	\$997.81
72131	\$470.32	73110	\$59.06	73723	\$1,410.28
72132	\$578.08	73115	\$168.28	74000	\$43.63
72141	\$780.65	73120	\$46.89	74020	\$65.44
72142	\$1,036.80	73130	\$52.89	74022	\$78.21
72146	\$752.27	73140	\$49.03	74160	\$564.69
72148	\$824.03	73200	\$444.50	74170	\$746.86
72149	\$1,028.94	73201	\$507.67	74175	\$830.01
72156	\$1,346.32	73218	\$798.67	74176	\$494.99
72157	\$1,334.70	73220	\$1,315.16	74177	\$692.57
72158	\$1,328.12	73221	\$836.55	74178	\$864.57
72170	\$45.13	73222	\$994.96	74183	\$1,444.05
72190	\$67.57	73223	\$1,410.09	74230	\$139.87
72191	\$811.84	73225	\$1,104.87	74430	\$119.80
72192	\$456.13	73500	\$43.64	75710	\$590.54
72193	\$550.45	73510	\$58.86	75716	\$688.37
72194	\$704.54	73520	\$65.48	75726	\$594.58
72195	\$801.98	73525	\$169.36	75736	\$595.91
72197	\$1,435.91	73530	\$41.54	75774	\$439.09
72200	\$48.35	73550	\$47.78	75894	\$1,157.40
72202	\$59.79	73560	\$50.60	75898	\$206.34
72220	\$48.42	73562	\$58.50	75989	\$256.96
72240	\$307.93	73564	\$64.97	76000	\$149.62
72265	\$275.90	73565	\$54.18	76001	\$161.30
72275	\$190.14	73580	\$228.25	76376	\$125.32
72295	\$372.98	73590	\$45.23	76377	\$161.27
73000	\$48.30	73600	\$47.69		
73010	\$50.78	73610	\$53.22		

Diagnostic Ultrasound

76512	\$170.34	76801	\$193.78	76870	\$186.96
76514	\$25.94	76805	\$226.01	76881	\$187.30
76645	\$139.08	76815	\$142.67	76882	\$50.56
76700	\$212.49	76817	\$160.14	76937	\$58.13
76705	\$163.41	76819	\$155.08	76942	\$264.04
76770	\$205.23	76830	\$185.88		
76775	\$168.82	76856	\$185.67		

Radiologic Guidance

77001	\$186.97	77012	\$425.90
77003	\$120.05	77022	\$644.27

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
Breast, Mammography					
77051	\$20.67				
Bone/Joint Studies					
77073	\$70.15	77077	\$77.41	77080	\$171.40
Nuclear Medicine					
78104	\$430.05	78306	\$435.65	78445	\$281.63
78205	\$439.02	78315	\$527.33	78452	\$924.16
78300	\$293.70	78320	\$457.02	78805	\$321.86

PATHOLOGY AND LABORATORY

Organ or Disease-Oriented Panels					
80048	\$21.28	80053	\$22.88	80074	\$102.22
80050	\$54.40	80061	\$41.55	80076	\$17.74
80051	\$16.66	80069	\$18.73		
Drug Testing					
80100	\$34.59	80102	\$31.77		
80101	\$30.79	80104	\$42.67		
Therapeutic Drug Assays					
80154	\$44.10	80184	\$27.33	80202	\$32.40
80156	\$34.57	80185	\$31.74	80299	\$27.98
80164	\$32.40	80196	\$17.09		
80176	\$33.35	80197	\$32.68		
Consultations (Clinical Pathology)					
80500	\$34.76				
Urinalysis					
81000	\$7.70	81003	\$5.23	81025	\$12.14
81001	\$7.60	81005	\$5.14		
81002	\$6.21	81015	\$7.17		
Chemistry					
82003	\$48.40	82205	\$27.35	82374	\$11.58
82040	\$11.91	82247	\$12.05	82375	\$25.19
82043	\$13.90	82248	\$12.01	82435	\$10.91
82055	\$25.69	82270	\$7.52	82465	\$10.30
82105	\$34.22	82272	\$7.68	82486	\$36.88
82140	\$34.87	82274	\$35.14	82491	\$40.00
82145	\$37.06	82306	\$60.92	82492	\$39.06
82150	\$13.25	82310	\$12.19	82520	\$30.94
82175	\$38.77	82330	\$32.59	82541	\$45.24

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
82542	\$44.68	83550	\$17.83	84153	\$43.82
82550	\$15.41	83605	\$25.47	84155	\$8.81
82553	\$27.49	83615	\$14.52	84157	\$8.81
82565	\$12.14	83655	\$28.79	84165	\$43.03
82570	\$12.21	83690	\$16.53	84238	\$87.86
82607	\$35.82	83718	\$19.64	84270	\$38.51
82646	\$42.14	83721	\$22.80	84295	\$11.48
82728	\$29.53	83735	\$15.98	84300	\$11.54
82746	\$35.07	83789	\$46.86	84311	\$14.24
82784	\$20.55	83805	\$35.99	84402	\$60.64
82785	\$39.37	83825	\$38.81	84403	\$61.74
82803	\$46.06	83840	\$38.94	84436	\$16.50
82805	\$70.19	83872	\$11.94	84439	\$21.54
82945	\$9.43	83874	\$30.68	84443	\$40.10
82947	\$9.43	83880	\$81.31	84450	\$12.22
82948	\$7.59	83921	\$32.17	84460	\$12.68
82962	\$3.94	83925	\$37.45	84466	\$30.54
82977	\$17.20	83986	\$6.87	84478	\$13.87
83010	\$29.98	83992	\$36.36	84480	\$33.73
83036	\$23.02	84075	\$12.21	84484	\$18.77
83090	\$40.21	84100	\$11.41	84520	\$9.45
83516	\$28.98	84132	\$10.91	84550	\$10.79
83519	\$27.12	84134	\$33.20	84702	\$35.72
83540	\$15.37	84146	\$46.25	84703	\$18.53

Hematology and Coagulation

85002	\$10.81	85250	\$45.36	85384	\$20.31
85007	\$8.23	85260	\$42.71	85460	\$14.68
85014	\$5.91	85270	\$42.71	85610	\$9.46
85018	\$5.92	85280	\$46.06	85651	\$8.38
85025	\$18.47	85300	\$28.92	85652	\$5.50
85027	\$15.34	85303	\$33.39	85670	\$13.87
85045	\$9.60	85306	\$31.45	85730	\$14.20
85049	\$10.79	85347	\$10.17		
85240	\$42.71	85379	\$23.82		

Immunology

86003	\$10.65	86580	\$13.59	86707	\$27.52
86038	\$28.70	86592	\$8.16	86708	\$29.44
86140	\$12.23	86677	\$34.53	86709	\$26.85
86141	\$24.29	86689	\$37.05	86735	\$26.64
86147	\$58.68	86694	\$39.59	86762	\$34.39
86200	\$30.83	86701	\$18.15	86765	\$30.65
86304	\$49.67	86703	\$32.64	86787	\$30.65
86403	\$24.26	86704	\$28.73	86790	\$26.28
86430	\$11.55	86705	\$28.08	86803	\$33.93
86431	\$13.44	86706	\$25.61		

Transfusion Medicine

86850	\$27.76	86900	\$7.05	86904	\$10.61
86870	\$58.11	86901	\$9.09	86920	\$41.89

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
Microbiology					
87015	\$12.65	87102	\$17.17	87324	\$24.46
87040	\$21.09	87106	\$21.09	87340	\$21.03
87045	\$22.42	87110	\$46.64	87350	\$27.48
87046	\$20.27	87116	\$24.69	87491	\$70.30
87070	\$20.43	87147	\$10.58	87517	\$87.43
87071	\$18.51	87177	\$21.15	87521	\$64.77
87073	\$18.43	87181	\$4.68	87522	\$87.43
87075	\$22.45	87184	\$14.12	87535	\$76.35
87076	\$17.64	87186	\$17.61	87536	\$171.44
87077	\$16.43	87205	\$10.21	87591	\$70.90
87081	\$12.65	87206	\$12.77	87804	\$24.51
87086	\$16.46	87209	\$36.72	87809	\$24.70
87088	\$18.60	87269	\$24.54	87880	\$24.84

Cytopathology

88112	\$140.32	88173	\$226.39
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Surgical Pathology

88300	\$37.06	88305	\$176.18	88331	\$154.31
88302	\$75.16	88311	\$31.51	88333	\$153.74
88304	\$68.23	88312	\$148.98	88342	\$113.95

Other Procedures

89050	\$9.68	89055	\$6.87
89051	\$11.26	89060	\$29.86

MEDICINE

Fees include both the technical and professional components. In the absence of any prior agreement, the professional component shall be thirty-five percent of the scheduled fee.

Vaccines, Toxoids

90632	\$84.73	90703	\$30.06	90732	\$62.48
90636	\$103.92	90714	\$25.32	90746	\$78.27
90656	\$14.54	90715	\$44.95		
90658	\$14.86	90719	\$9.91		

Psychiatry

90846	\$130.16	90847	\$159.08
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Biofeedback

90901	\$58.85
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Gastroenterology

91110	\$1,367.29
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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
Ophthalmology					
92015	\$59.98	92083	\$103.37	92225	\$35.20
92020	\$43.70	92132	\$52.39	92226	\$31.98
92025	\$50.64	92133	\$65.42	92235	\$181.87
92060	\$80.11	92134	\$65.42	92286	\$151.22
92082	\$84.13	92136	\$121.08		
Special Otorhinolaryngologic Services					
92511	\$189.85	92548	\$138.20	92588	\$98.29
92540	\$178.51	92550	\$25.15	92590	\$95.68
92541	\$65.43	92551	\$14.86	92591	\$111.77
92542	\$64.57	92557	\$65.42	92592	\$38.31
92543	\$32.09	92567	\$23.69	92593	\$68.86
92545	\$48.41	92570	\$39.36	92594	\$25.80
92547	\$20.79	92587	\$68.59	92595	\$40.86
Cardiovascular					
93000	\$34.85	93040	\$19.10	93289	\$98.82
93005	\$21.22	93041	\$8.46	93306	\$405.76
93010	\$12.29	93042	\$10.64	93307	\$249.68
93015	\$142.80	93224	\$200.83	93320	\$115.21
93016	\$30.14	93282	\$103.04	93325	\$65.16
93017	\$89.59	93283	\$126.51	93458	\$1,368.28
93018	\$21.78	93288	\$62.07		
Noninvasive Vascular Diagnostic Studies					
93880	\$298.56	93970	\$300.90		
93926	\$211.21	93971	\$199.73		
Pulmonary					
94002	\$116.53	94060	\$87.59	94760	\$5.35
94003	\$89.70	94640	\$26.10	94761	\$11.14
94010	\$50.62	94664	\$24.05	94762	\$36.24
Allergy and Clinical Immunology					
95044	\$9.37				
Neurology and Neuromuscular Procedures					
95831	\$36.92	95929	\$310.07	95992	\$59.46
95851	\$27.60	95971	\$75.89		
95926	\$197.28	95972	\$135.15		
Central Nervous System Assessments/Tests					
96101	\$108.07	96120	\$93.93		

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
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**Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions,
and Chemotherapy and Other Highly Complex Drug
or Highly Complex Biologic Agent Administration**

96360	\$94.62	96367	\$52.53	96411	\$90.77
96361	\$25.97	96374	\$83.48	96413	\$214.12
96365	\$111.12	96375	\$35.78	96415	\$46.30
96366	\$33.03	96376	\$24.24		

Physical Medicine and Rehabilitation

97010	\$9.36	97026	\$7.25	97545	\$112.72
97012	\$18.88	97039	\$17.86	97546	\$49.01
97014	\$16.14	97139	\$16.14	97602	\$47.95
97024	\$8.04	97150	\$22.39		

Acupuncture

97810	\$45.79	97813	\$48.31
97811	\$35.31	97814	\$39.55

Chiropractic Manipulative Treatment

98940	\$36.24
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Special Services, Procedures and Reports

99000	\$9.45	99053	\$67.00
99050	\$39.35	99070	HAR

Qualifying Circumstances for Anesthesia

99100	\$36.79	99135	\$106.86
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Moderate (Conscious) Sedation

99144	\$77.85
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Other Services and Procedures

99173	\$10.47	99183	\$269.11
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DENTAL SERVICES

Diagnostic

D0120	\$40.33	D0210	\$83.22	D0274	\$46.55
D0140	\$45.65	D0220	\$16.84	D0330	\$78.55
D0150	\$52.01	D0230	\$12.75	D0470	\$59.39

Preventive

D1110	\$65.83
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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
Restorative					
D2330	\$76.90	D2740	\$790.53	D2951	\$37.28
D2331	\$115.32	D2750	\$731.05	D2954	\$178.97
D2332	\$146.90	D2790	\$695.01	D2962	\$654.18
D2335	\$167.99	D2950	\$163.59		
Endodontics					
D3120	\$37.32	D3221	\$86.22	D3310	\$388.77
Prosthodontics, Removable					
D5820	\$329.84	D5821	\$332.44		
Implant Services					
D6010	\$1,605.91	D6059	\$947.95		
D6057	\$547.73	D6066	\$933.85		
Prosthodontics, Fixed					
D6240	\$693.16	D6750	\$731.18	D6752	\$679.78
Oral & Maxillofacial Surgery					
D7140	\$82.08	D7270	\$311.19		
D7210	\$182.87	D7953	\$232.00		
Adjunctive General Services					
D9110	\$71.08	D9940	\$343.00		
EVALUATION AND MANAGEMENT					
Office or Other Outpatient Services					
99201	\$52.97	99203	\$128.63	99211	\$29.37
Hospital Observation Services					
99217	\$89.59				
Hospital Inpatient Services					
99222	\$158.14	99232	\$84.09	99238	\$87.02
99225	\$87.61	99234	\$156.32	99239	\$129.59
99231	\$48.66	99235	\$208.30		
Consultations					
99241	\$64.83	99245	\$251.82	99254	\$197.41
99242	\$107.84	99251	\$58.82	99255	\$246.13
99243	\$147.03	99252	\$98.77		
99244	\$202.77	99253	\$141.07		

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Emergency Department Services

99281	\$36.39	99283	\$106.15	99285	\$255.90
99282	\$65.31	99284	\$175.00	99288	\$96.15

Critical Care Services

99291	\$316.28	99292	\$154.56
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Nursing Facility Services

99308	\$79.98	99309	\$110.52
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Prolonged Services

99354	\$128.89
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Case Management Services

99366	\$58.91
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Special Evaluation and Management Services

Code	Description	Maximum Fee
99456A*	Complex consultation pursuant to Section 386-79, HRS - work related or medical disability examination by other than the treating physician that includes: <ul style="list-style-type: none"> completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; completion of necessary documentation/certificates and report; and review of records relating to the patient's condition. First hour.....	\$201.24
99456B*	Each additional 30 minute increment (an increment must be at least 30 minutes.)	\$100.62

*Department of Labor Code

Bundled Services: Certain codes, such as telephone calls, are considered by the Health Care Financing Administration (HCFA) to be "bundled" services. Bundled services are not payable, nor should they be billed, when performed incident to or in conjunction with another service even if the other service is performed on a different day. When services that are designated as bundled are denied, the physician may not collect from the patient.

HAR: Use pertinent Hawaii Administrative Rule.